

A Study Of Efficacy Of Homoeopathic Medicine In Case Of Urticaria

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Abstract: Background: Urticaria or hives, that occur everywhere on the body. It start with small eruption to large wheals, with acute almost always being an allergic reaction. It is due to unknown reason and always bothers to patients in his/her routine life. Objectives: To study efficacy of Homoeopathic medicine in case of Urticaria. Material And Methods: Study of Urticaria cases with efficacy of Homoeopathic medicines through case study after defining, analyzing then further testing data for accuracy. Selection of medicine was depending on concept of individualization. Selection of potency and repetition was based on Homoeopathic posology which describe in Organon of Medicine. Result: In study mostly adults are more affected and acute cases are more presented. Mostly medium to high potency was used. Conclusion: Our study has concluded that Homoeopathic medicine has shown the efficacy in treatment of Urticaria. Cases were under the supervision of Homoeopathic physician (Dr. Manisha Boricha). [Boricha M Natl J Integr Res Med, 2022; 13(6): 06-09, Published on Dated: 15/11/2022]

Key Words: Urticaria, Hypersensitivity, Homoeopathic Medicine, Individualisation, P-N-E-I Axis

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Introduction: URTICARIA^{1,2} A common disorder, either acute or chronic, characterized by evanescent (individual lesions lasting <24 h), pruritic, oedematous, pink to erythematous plaques with a whitish halo around margin of individual lesions. Lesions range in size from papules to giant coalescent lesions (10–20 cm in diameter). Often due to drugs, systemic infection, or foods (esp. shellfish). If individual lesions last >24 h, consider diagnosis of urticarial vasculitis.

May occur together or separately. Urticaria involves only the superficial dermis and presents as circumscribed wheals with raised serpiginous borders and blanched centres; wheals may coalesce. Angioedema involves deeper layers of skin and may include subcutaneous tissue.

Recurrent episodes of Urticaria and/or angioedema of <6 weeks duration are considered acute, whereas attacks persisting beyond this period are chronic. Papular urticaria³ is a term used to describe a chronic or recurrent eruption of pruritic papules, often grouped in irregular clusters, frequently seasonal in incidence, and affecting predominantly children between the ages of 2 and 7 years. Adult cases are seen but are less common than childhood cases.

1. The lesions usually appear in the summer months. 2. The disease is more common in lower socioeconomic groups; and 3. Papular Urticaria is

seen with greater frequency among households with pets. 4. The most commonly implicated arthropods are the mosquitoes, bed bugs and the fleas.

Causative Factor: Urticaria-angioedema can occur secondary to inhalation, physical contact, or more commonly ingestion (fruits, shellfish, fish, milk products, chocolate, legumes including peanuts, drugs) that may elicit Urticaria alone or the anaphylactic syndrome.

1. IgE-Dependent: Specific antigen sensitivity (pollens, foods, drugs, fungi, molds, Hymenoptera, venom, helminths). Physical: dermographism, cold, solar, pressure, cholinergic Autoimmune

2. Bradykinin-Mediated: Hereditary angioedema: C1 inhibitor deficiency: null (type 1) and dysfunctional (type 2), mutated factor XII (type 3) Acquired angioedema: C1 inhibitor deficiency: anti-idiotypic and anti-C1 inhibitor, Angiotensin-converting enzyme inhibitors.

3. Complement-Mediated: Necrotizing vasculitis Serum sickness. Reactions to blood products.

4. Non-Immunologic: Direct mast cell-releasing agents (opiates, antibiotics, curare, D-tubocurarine, radiocontrast media). Agents that alter arachidonic acid metabolism (aspirin and

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non steroidal anti-inflammatory agents, azo dyes, and benzoates).

5. Idiopathic: Diagnosis: History, with special attention to possible offending exposures and/or ingestion as well as the duration of lesions.

Urticarial vasculitis typically persists >72 h, whereas conventional urticaria often lasts <48 h.

Skin testing to food and/or inhalant antigens. Physical provocation, e.g., challenge with vibratory or cold stimuli.

Laboratory Examination: complement levels, erythrocyte sedimentation rate (ESR), C1 inhibitor (C1INH) testing for deficiency of C1INH antigen (type 1) or a non-functional protein (type 2) if history suggests hereditary-angioedema; cryoglobulins, hepatitis B antigen, and antibody studies; auto anti body screen. Skin biopsy may be necessary.

Material & Methods: the research is carried out by experimental methodology.

Clinical Study: Study includes collection of data and cases of Urticaria from Swami Vivekanand Homoeopathic Medical College & Hospital, Bhavnagar

Case Definition: Patient suffering from Urticaria and willing to take Homoeopathic treatment was taken as case for the study after application of inclusion as well as exclusion criteria.

Case Design: After conducting the preliminary study, it was decided that which patients are satisfying the criteria and then after inclusion was done. Detail case history and clinical examination was done.

Sampling Procedure: Every case attending the OPD and which fitted into the case definition was taken for the study. Proper follow up will be maintained as per as protocol.

Selection of Drug/ Remedy: After detail case taking the case assigned to a group depending on the indication pattern.

Dose and Strength of Drug (Selection of Potency): The potency and repetition was based on the law of Homoeopathic Posology describe in Organon of Medicine.

Preparation and Administration of Drug: Medicine to be used was prepared according to method of dynamization. Oral administration of the liquid or globules as per the requirement.

Storage: As per the directives in standard pharmacopeia.

Inclusion Criteria: People with classical clinical manifestation of Urticaria were included in the study and treated as outdoor patient.

Exclusion Criteria: Those who had not taken the medicine regularly. Those who had left the treatment in between. Those who had taken the other mode of treatment. Patient who have any pathology or comorbid diseases are excluded.

Criteria for Follow up: It was differing from pt. to pt. but important parameters based on the Homoeopathic principles will be considered for it.

In acute cases Follow up will be taken every 3 to 7 days & Repetition of medicine in every 2, 6, 8 or 12 hours as per case.

Results: Study of duration was 3 months. Assessment of progress was based on clinical progress made by individual subject. All collected data & observation were subjected to statistical study. Total 30 cases were studied.

Table 1: Urticaria And Sex Incidence

Sr. No.	Sex	No. Of Case
1	Male	09
2	Female	21
	Total	30

Study Shows Total 9 Male And 21 Female Were Observed.

Table 2: Urticaria And Age Ratio

Sr. No.	Age Group	No. Of Case
1	10-20	09
2	21-30	03
3	31-40	10
4	41-50	06
5	51-60	02
	Total	30

Study shows total 30 cases which reveals maximum number of pt., 10 cases from 31-40 age group, 9 cases were from age group 10-20 years & minimum number of pt., 2 cases were from 51-

60 age group & 3 cases were from age group 21-0 years, while 6 cases were from 41-50 age group.

Table 3: Urticaria And Potency Selection

Sr. No.	Potency	No. Of Case
1	30	07
2	200	12
3	1M	11
	Total	30

In 30 cases of Urticaria, maximum numbers of pt. 12 cases were get relief from 200 potency, whereas 11 cases get relief from 1M potency & only 7 cases get relief from 30 potency.

Table 4: Urticaria And Homoeopathic Remedy

Sr. No.	Remedy	No. Of Case
1	Pulsatilla	11
2	Rhus Tox	03
3	Apis Mel	02
4	Urtica Urens	02
5	Nux Vom	01
6	Psorinum	02
7	Sulphur	03
8	Nat Mur	02
9	Belladonna	01
10	Dulcamara	01
11	Bovista	01
12	Nat Sulph	01
The	Total	30

In 30 cases of Urticaria, different Homoeopathic medicines selected on base of individualization like Rhus Tox, Apis mel, Urtica urens, Nux vom, Psorinum, Sulphur, Nat mur, Dulcamara, Bovista & Nat sulph., but Pulsatilla get 11 no of cases to give improvement.

Table 5: Urticaria And Response Of Homoeopathic Treatment

Sr. No.	Response	No. Of Case
1	Significant improvement	11
2	Moderate improvement	15
3	Left the treatment	03
4	Status quo	01
	Total	30

It was observed that after administration of Homoeopathic medicine 11 cases had significant improvement, 15 cases had moderate improvement, 3 cases left the treatment & 1 case was in status quo condition.

Discussion: Urticaria is nothing but an expression of internal immunological disturbance⁴. The hives or eruption appear on the skin due to the inner war or hypersensitivity reaction of the immune system⁵. It should not be just symptomatic relief from nettle rash, itching, swelling or pain. It should be corrected internally by correcting the immunological disturbance at deeper level (P-N-E-I AXIS)⁶.

Homoeopathy offers effective treatment in acute, chronic as well as recurrent nettle rash⁷. Homoeopathy get long-lasting relief rather than temporary relief. Homoeopathy treats completely safe, non-toxic and it can reduce the dependency on antihistamine, steroids and other conventional treatments. It can also reduce the hypersensitivity to allergens with time⁸.

Conclusion: After the research work, following conclusion were there. It was concluded that study of Urticaria with Homoeopathic approach has effective role in treatment. Proper case taking gives idea about totality of symptoms & individualization as well as selection of Similimum. Urticaria most commonly appears in female with age group 10-20 & 30-40. Homeopathy medicine such as Pulsatilla, Rhus tox, Apis mel, Nat mur, Sulph, Dilcamara, Psorinum, etc are useful with moderate & significant improvement by medium to higher potency in Urticaria cases.

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